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IDENTIFICATION OF PROBLEM AREAS ASSOCIATED WITH THE MANAGERIAL ROLE OF THE NAVY CHARGE NURSE

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and
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Submitted in partial fulfillment of
the requirements for the degree of

MASTER OF SCIENCE
IN
MANAGEMENT

United States Naval Postgraduate School
Monterey, California

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Joan S. Shaw

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This work is accepted as fulfilling

the research paper requirements for the degree of

MASTER OF SCIENCE

IN

MANAGEMENT

from the

United States Naval Postgraduate School

ABSTRACT

An opinion survey was conducted through questionnaires distributed to one hundred and ten Navy Nurses at a large naval hospital. Sixty-two questionnaires were returned by the respondents; sixty were completed.

An attempt was made to identify the managerial problem areas most frequently encountered by the Navy charge nurse and the factors which contributed to these problems.

The study suggested that the major managerial problem areas are interpersonal relationships, communications, and staffing. Problems of a lesser degree identified were orientation programs for new Nurse Corps officers, interdepartmental relationships, non-nursing tasks, plans and policies, and the area of supervision.

TABLE OF CONTENTS

Chapter		Page
I	STATEMENT OF THE PROBLEM	1
	The Problem	1
	Statement of the Problem	1
	Assumptions	1
	Limitations	2
	Statement of Research Hypothesis	3
	Definition of Terms Used	3
	Charge Nurse	3
	Indoctrination	3
	Inservice Education	4
	Managerial Role	4
	Orientation	4
	Problem Areas	4
	Team Nursing	5
	Ward Management	5
	The Study	5
	Method	5
	Questionnaire	5
	Respondents	6
	Procedures	7
II	RESULTS	
	Educational Background	10

Chapter		Page
	Management Courses in Education Programs	11
	Basic Naval Indoctrination	13
	Comments Regarding Adequacy of Indoctrination Courses	15
	Senior Nurse Guidance During First Hospital Ward	20
	Assignment	22
	Major Managerial Problem Areas	23
	Plans and Policies	24
	Communications	26
	Interpersonal Relationships	29
	Doctor-Nurse Relationship	30
	Nurse-Corpsman Relationship	31
	Nurse-Nurse Relationship	34
	Interdepartmental Relationships	36
	Staffing	38
	Supervision	39
	Orientation Program for New Nurse Corps Officers	41
	Non-Nursing Tasks	43
III	SUMMARY AND OBSERVATIONS	46
IV	DEVELOPMENT OF THE MANAGERIAL ROLE CONCEPT OF THE CHARGE NURSE	53
V	BIBLIOGRAPHY	66
VI	APPENDIX	71

LIST OF TABLES

Table		Page
I.	Years of Military Service of Respondents	9
II.	Rank and Educational Background	10
III.	Management Courses in Educational Background	11
IV.	Place of Basic Naval Indoctrination	13
V.	Opinions Toward the Courses Offered at Indoctrination Centers and Their Adequacy in Preparing the Nurse for Adjustment to Her Managerial Duties	15
VI.	Explanation of Managerial Responsibilities of the Charge Nurse During First Hospital Orientation	18
VII.	Respondents' Opinions Regarding the Adequacy of Senior Nurse Guidance During First Hospital Ward Assignment	19
VIII.	Opinions Regarding the Contribution of Inservice Educational Programs to Advancement of Knowledge in Administration and Management	22
IX.	Major Categories of Managerial Problem Areas	23

LIST OF FIGURES

Figure		Page
I	PROPORTION OF MANAGEMENT-LEADERSHIP SKILLS Skills Required at Different Levels of Nursing Service Administration	58

CHAPTER I

STATEMENT OF THE PROBLEM

1. The Problem.

Statement of the Problem. It is the purpose of this study to identify the problem areas associated with the managerial role of the Navy charge nurse in naval hospitals, and the factors which contribute to these problems.

Analysis of these problems pose several questions for consideration:

1. To what extent have basic nursing education programs prepared the Nurse Corps officer for her managerial role?

2. To what extent do Naval Indoctrination courses prepare the new Nurse Corps officer for her managerial role?

3. To what extent does the orientation program at the Nurse Corps officer's first duty station contribute to her awareness of management duties?

4. To what extent have the Inservice Education programs contributed to the development of managerial skills?

Assumptions. In undertaking this study the following assumptions are made:

1. Managerial skills are developed over a long period of time, and it is necessary to begin development of these skills early in the Navy Nurse's career to prepare her for increasing responsibility.

2. Many managerial problems stem from the lack of effective managerial training or from ignorance of proper and effective approaches to obtaining results through people.

3. A large segment of the charge nurse's current managerial functions involves coordination of activities that are non-nursing in nature.

4. Some naval hospitals lack an adequate program for the development of the managerial skills of the new Nurse Corps officer. New nurses entering the Navy without prior managerial experience in civilian life find the adjustment to this role difficult. This leads to frustration, confusion, and tension, and adversely affects the retention rate.

Limitations. The following statements are limitations of this study:

1. The sample of nurses was selected from one naval hospital, but many of the nurses had rotated among various naval hospitals sufficiently to have broad experience. Thus experiences at more than one naval hospital are reflected.

2. No differentiation was made as to the type of position or rank the nurses held, nor to their length of time in the military service.

3. No differentiation was made as to the type of unit or area in which the nurses functioned.

Statement of research hypothesis.

1. The identification of major managerial problem areas and the factors which contribute to them will aid in determining what course of action is necessary to ensure the continuous development of the charge nurse's managerial skills.

2. Effective management or managerial practices will benefit all support personnel, the patients receiving medical and nursing care, and the organization as a whole.

2. Definition of terms. Specific terms used in this study are defined as follows:

Charge Nurse. A nurse assigned as administrative head of a ward unit in a hospital.

Indoctrination. A formal program which introduces the new Navy Nurse Corps officer to the military organization and covers such topics as:

1. Naval Orientation
2. Naval Leadership
3. The Naval Establishment and the Medical Department
4. Code of Military Justice

Further, the indoctrination program (when properly conducted) serves to familiarize the indoctrinee with the formal Nursing Service Department of the Navy and the clinical and managerial role of the Navy Nurse.

Inservice Education. Those programs which provide for the continuous education of the total nursing staff to enable them to serve best and to develop to their maximum potential.[1]

Managerial Role. The role of the charge nurse which involves the elements of planning, organizing, directing, controlling, staffing, coordinating, reporting, budgeting, and evaluating, as directed toward the management of patient care and the ward unit.

Orientation. A program, formal or informal, developed by the hospital for the purpose of helping new employees to learn their environment more easily, to learn their tasks more quickly, and to avoid disturbing errors wherever possible. Effective orientation programs introduce the new employee to:

1. The physical environment of the hospital.
2. The hospital personnel.
3. The duties to be performed.
4. The interrelationships with other departments.
5. The hospital's goals and achievements.[2]

Problem Areas. Those areas of conflict or misunderstanding which prohibit harmonious relationships or the attainment of the objectives.

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[1]Frances Purdy, et al. Nursing Service Administration (St. Louis: C. V. Mosby, 1962), p. 131.

[2]Ibid., p. 187.

Team Nursing. A nursing technique by which individuals with different nursing and/or professional preparation and experience work together with a team leader to provide comprehensive patient care.

Ward Management. The process of directing the administrative activities of a ward unit so that its objectives are attained.

3. The Study.

Method. This study is a normative survey based on data obtained from questionnaires which were distributed to one hundred and ten Navy Nurse Corps officers currently assigned to a large naval hospital. Six-two questionnaires were returned, two of them blank, and not all questions were completely answered.

Questionnaire. The questionnaire was designed to determine what the respondents considered to be the major managerial problem areas facing them in their role as charge nurses. In addition, specific questions were asked to obtain information concerning educational background; management courses included in educational programs; and the contribution of naval indoctrination, hospital orientation, and in-service educational programs to the development of the respondents' managerial skills.

The format of the questionnaire consisted of check list items as well as open-end questions. The check list items required that the

respondents identify their age group, years of active duty, and rank. In the open-end questions the respondents were first asked to check a "yes" or "no" item and then to amplify their answers in the spaces provided under the questions. The last three questions required a subjective response or comment from the respondents. Each nurse was asked to identify what she considered to be the major managerial problem areas, and to make any comments concerning management practices as they apply to nursing in the Navy. Care was taken to preserve the anonymity of the respondents.

It was realized by the investigators that whereas the responses for the most part might be highly subjective, they would be sufficiently representative of realistic attitudes in naval hospitals to merit serious consideration.

Respondents. The respondents ranged in age from twenty-one to over fifty. Their years of military service ranged from less than two to over twenty. The educational background of the respondents ranged from possession of a diploma in nursing to Masters Degrees in administration and/or management. Military rank held by the respondents ranged from Ensign to Commander.

Some respondents wrote at great length reflecting serious thought regarding the open-ended questions; others commented briefly; while still others failed to comment at all. Of those who failed to comment a

few indicated that the reason they did not was because they worked in special departments, where they were not cognizant of problems existing in the ward units.

It is felt that the sample represented a cross section of the total population of the Navy Nurse Corps. At the time of this study, some of the respondents were experiencing their first tour of military duty, while for others, the current assignment represented one of many.

This sample included nurses with experience in various specialties, such as supervision and administration, operating room, anesthesia, obstetrics, neuro-psychiatry, pediatrics, and medical-surgical nursing. While the nursing service of a naval hospital endeavors to assign nurses in their area of specialization or preferences, it is not always feasible to do so. Therefore, the Navy Nurse may be required to function in many areas in order to meet the needs of the naval hospital.

Thus our sample included nurses who were assigned to their area of specialization as well as those who were rotated among the various clinical services as charge nurses.

Procedures. The questionnaires were taken by the investigators to the hospital concerned and the study was discussed with the chief of nursing service, who later explained and distributed the questionnaires to the military nursing staff. The chief of nursing service also acted as the collection agent and forwarded the completed questionnaires through the mail to the investigators.

Upon receipt of the questionnaires they were separated according to the respondents' rank and a large chart was utilized for the tabulation of raw data from the check list questions. These data were tabulated according to percentages. The information obtained from the open-ended questions was then categorized under several major headings and tabulated. Some of the information that did not lend itself to tabulation was included in the analysis of the data.

Individual responses reflecting different points of view were listed under major problem areas to which they pertained. The questionnaires were destroyed following the analysis of the data contained in them.

CHAPTER II

RESULTS

The following are the results of this study:

Table I
YEARS OF MILITARY SERVICE OF RESPONDENTS

YEARS	ENSIGN	LTJG	LT	LCDR	CDR	PERCENT TOTAL	N=60
2 or less	12	7	1	0	0	33.4	
2-5	0	7	9	1	0	28.3	
6-10	0	0	8	1	0	15.0	
11-15	0	0	0	3	0	5.0	
16-20	0	0	0	6	2	13.3	
Over 20	0	0	0	2	1	5.0	
Total Reporting	12	14	18	13	3	100.0	

The respondents represented a wide range of years of military service, ranging from a few weeks to over twenty years. Of these, 61.7% have had five years or less of experience in military nursing.

Of the respondents reporting, 48.4% are graduates of a nursing diploma program, 51.6% have a baccalaureate or higher degree, and 8.3% have a baccalaureate and masters degree.

Two respondents have masters degrees in nursing service administration and two have masters degrees in management. (See Table II)

Table II
RANK AND EDUCATIONAL BACKGROUND

EDUCATION	ENS	LTJG	LT	LCDR	CDR	% of TOTAL	N=60
Nursing Diploma	7	9	9	3	1	48.4	
B.S.N. Degree	5	5	3	1	0	23.3	
Diploma and B.S. Degree	0	0	4	7	1	20.0	
Diploma, B.S., and Masters Degree	0	0	1	3	1	8.3	
Total Reporting	12	14	17	14	3	100.0	

Educational Background. During recent years nursing in general has stressed the importance of the educational preparation of the nurse. There has been an increase in the number of the baccalaureate programs with a corresponding increase of nurses enrolled in these programs. Subsequently there has been an increase in the number of advanced nursing education programs leading to a masters degree in nursing service administration and clinical nursing specialities. A few universities, such as Boston and Columbia Universities, offer a doctoral program in nursing.

This trend toward higher education has been reflected in the sample. Table II illustrates that 48.4% of the respondents are graduates with a nursing diploma while 51.6% of the nurses reporting have baccalaureate or masters degrees. Advanced educational preparation of nurses is

considered desirable by the Navy Nurse Corps. As can also be seen, 28.3% of the nurses have progressed from a three year program offering a diploma in nursing and gone on to receive advanced degrees.

Most of the educational programs offer some type of a course(s) in management as can be seen in Table III.

Table III
MANAGEMENT COURSES IN NURSING EDUCATION PROGRAMS

RANK	YES	PERCENTAGE	NO	PERCENTAGE	N=60
Ensign	10	16.6	2	3.3	
LTJG	5	8.3	9	15.0	
LT	8	13.4	10	16.6	
LCDR	7	11.7	6	10.0	
CDR	3	5.0	0	0.0	
Total Reporting	33	55.0	27	45.0	

Fifty-five percent (55.0) of the respondents reported having one or more courses in management in their nursing educational programs. Ward management and/or team nursing was reported most frequently as the only course in management.

Course	Number Reporting
Ward Management	23
Team Nursing	9

A minority of the respondents listed such courses as follows:

Course	Number Reporting
Nursing Supervision	6
Hospital Administration	5
Guidance	1
Industrial Relations	1
Advanced Management in Nursing Speciality	1
Personnel Administration	1
Principles of Management	1

In addition to the above, two respondents have Masters Degrees in Nursing Service Administration, and two have Masters Degrees in Management. These types of programs encompass numerous courses in management and administration. The following are examples of such courses:

Nursing Service Administration Program

Supervision in Nursing
Administration of Nursing Service
Guidance and Counseling
Practicum in Nursing Service Administration
Seminars in Nursing Service Administration

Masters Program in Management

Organization Theory and Administration
Management Policy
Personnel Administration
Industrial Management
Financial Management
Management Psychology

Masters Program in Management (cont)

Material Management
Economics
Organization and Administration Seminar
Quantitative Methods in Decision Making
Labor Relations

Table IV
PLACE OF BASIC NAVAL INDOCTRINATION

RANK	St. Albans, N.Y.*	%	Newport, R. I.**	%	Other#	%
ENS	0		12		0	
LTJG	0		14		0	
LT	8		10		0	
LCDR	3		0		10	
CDR	0		0		3	
Total Reporting	11	18%	36	60%	13	22%

*U.S. Naval Hospital Indoctrination Center, St. Albans, N. Y.
** Women Officers Indoctrination Center, Newport, R. I.
Includes various naval hospitals which at one time served not only as the new Nurse Corps officer's first hospital assignment, but also provided her with a hospital orientation and naval indoctrination program.

Basic Naval Indoctrination. Nurse Corps officers have always received an indoctrination course upon entering the Navy. This indoctrination mainly consists of acquainting the new Nurse Corps officer with military customs and traditions, and only briefly touches on the managerial role of the Navy Nurse.

Over the years, the location of this indoctrination has changed as noted in Table IV. The center for indoctrination is now located at the Women Officers' School, Newport, R.I. Prior to 1953, nurses received their indoctrination in conjunction with their first duty assignment. After this time an indoctrination center was established at the U.S. Naval Hospital, St. Albans, N.Y. With these two types of indoctrination programs the nurse had the opportunity to observe managerial activity on an active hospital ward. The course at Newport is now isolated from a hospital and consists of classroom instruction with a specified number of hours devoted to the explanation of the managerial role of the Navy Nurse. However, the nurse is not afforded the opportunity at this time to gain skill or experience in this area.

There is some question in the investigators' minds regarding this topic as certain comments of the respondents indicated that they had some management courses as a part of indoctrination at Newport, while others said they had not. These comments were made by nurses who, according to other information gathered from the questionnaires, attended the indoctrination center at approximately the same time. This leads one to believe that the course offered at Newport regarding the managerial role of the Navy Nurse was not interpreted as such by some of the respondents.

TABLE V

OPINIONS TOWARD THE COURSES OFFERED AT INDOCTRINATION CENTERS AND THEIR ADEQUACY IN PREPARING THE NURSE FOR ADJUSTMENT TO HER MANAGERIAL DUTIES*

	St. Albans, N. Y.	Newport, R. I.	Other	Total
Adequate	4	11	3	18
Inadequate	4	16	2	22
No response	1	1	0	2
Total Reporting	9	28	5	42

*Refers to those respondents who reported they had management courses in their indoctrination programs.

Forty respondents or 67% of those reporting, stated that they had management courses in their indoctrination programs. Of those who responded that they had such courses, 18 or 45% felt that they had adequate preparation for adjustment, and 22 or 55% felt they were inadequately prepared to assume the managerial role of the Navy Nurse.

Comments Regarding the Adequacy of Indoctrination Courses.

The respondents were quite verbal as to how the classes in management prepared them for adjustment to their managerial duties. As shown in Table V, eighteen respondents felt they had adequate preparation for adjustment. These comments were based on their own personal adjustment to this role; for some, this adjustment was easy while others reported having considerable difficulty. The reasons given for the

adequacy or the inadequacy of the courses in aiding adjustment were so diverse that it was difficult to formulate a table for their presentation. Some of the more typical comments are as follows (these are listed according to place of indoctrination):

OTHER NAVAL HOSPITALS

"The course was supplemented by on-the-job training under the supervision of an experienced Navy Nurse."

"I think they helped a great deal but even with the best of preparation I think that experience on the ward situation certainly is needed to reinforce learning."

U. S. NAVAL HOSPITAL, ST. ALBANS

"Working experience while still studying the problem"

"Our indoctrination course was for five weeks. This included classes in Navy ward management, management of patient care, and maintenance of equipment and supplies. I felt these classes were adequate for adjusting to Navy Nursing."

"The classes in ward management were limited, however they did give a general idea of what was expected of a Navy Nurse".

"Not adequate, brief classes showing chits, etc."

"All theory preceded any practice or introduction into ward duty. Might have been better if correlation had existed; also might have been better if nurse attached to Indoctrination program had acted as clinical instructor for ward management rather than having ward charge nurse assume duty of instruction for the indoctrinees as well as carrying out the usual duties of the charge nurse."

NEWPORT, R. I.

"The classes on this subject gave me a good overall picture of a naval hospital and a basic knowledge of the administrative duties of the nurse. A great deal of time was spent on the nurse's managerial duties as well as her dealings with corpsmen."

"I feel the preparation given us was adequate for some of the students but I personally had some difficulty assuming a managerial role when introduced to the field of Navy Nursing. Perhaps this is because I am not a natural leader. Perhaps, too, it was because as a student I had been oriented more toward actual bedside nursing and was disappointed to find that in the military institution, the nurse's role is centered more about ward management."

"The managerial duties of the Navy Nurse were briefly touched on in the leadership course and consisted of role playing experiences and discussion of these. Although mention was made of the fact that the Navy Nurse has managerial duties to perform in addition to insuring the provision of adequate nursing care these duties were never identified specifically nor discussed separately."

"The courses we had posed problems we might encounter and how to handle them. I feel that a good background is important but actually being in the situation is the best teacher."

"I had never managed a ward such as a military ward and no classroom instruction would have been sufficient."

"I feel the material was very well covered, however, it takes the experience of doing it yourself before any truly adequate preparation or understanding can be achieved. It was this personal experience that was lacking."

"No classroom situation can adequately cover the many management duties that the Navy Nurse is called upon to perform. It is not until you are actually faced with the ward situation, peculiar to Navy Nursing that you see the entire picture. It is possibly here that the indoctrination formerly held at St. Albans better prepared the Navy Nurse to cope with the managerial duties that will be facing her."

It can be seen from the above comments, that most nurses felt that no matter what type of classroom experience was offered it could in no way replace the actual experience in the ward situation.

Table VI

EXPLANATION OF MANAGERIAL RESPONSIBILITIES OF THE CHARGE NURSE DURING FIRST HOSPITAL ORIENTATION

RANK	YES	%	NO	%	NO RESPONSE	%
ENS	9	15.0	3	5.0	0	0.0
LTJG	9	15.0	4	6.6	1	1.7
LT	11	18.4	7	11.7	0	0.0
LCDR	5	8.3	8	13.3	0	0.0
CDR	2	3.3	1	1.7	0	0.0
Total Reporting	36	60.0	23	38.3	1	1.7

As shown above nearly 40% of the respondents reported they did not receive any explanation of the managerial responsibilities of the Navy charge nurse during their first hospital orientation.

Sixty percent (60%) reported affirmatively and their comments indicated that the following topics were most frequently discussed:

TOPIC	NUMBER RESPONDING
1. Filling out forms and chits	14
2. Ordering of supplies, maintenance and equipment	11

3.	Responsibilities of the charge nurse (not further specified)	7
4.	Teaching, assignment and management of corpsmen	5
5.	Ward routine and policy	16

Areas rarely mentioned included interpersonal relationships, interdepartmental relationships, and leadership.

Table VII

RESPONDENTS' OPINIONS REGARDING THE ADEQUACY OF SENIOR NURSE GUIDANCE DURING FIRST HOSPITAL WARD ASSIGNMENT

RANK	NUMBER	YES	%	NO	%	OTHER	%
ENS	12	9	15.0	3	5.0		
LTJG	14	9	15.0	5	8.3		
LT	18	14	23.3	4	6.7		
LCDR	9	7	11.7	2	3.3		
CDR	3	3	5.0	0	0.0		—
TOTAL	56	41	70.0	14	23.3		6.7

Ninety-three (93.3) percent of the respondents received their first hospital ward assignment under the guidance of a senior nurse. Of these, 23.3% reported this guidance as being inadequate. Six (6.7) percent of the respondents were assigned to a ward alone with guidance being provided by area supervisor.

Senior Nurse Guidance During First Hospital Ward Assignment.

As can be seen by Table VII the new Nurse Corps officer is either assigned with a senior nurse or a supervisor to guide her activities during her initial ward experience. By far the more common practice is to assign her to a senior nurse who assumes the responsibility for the explanation and direction of the managerial duties which the new nurse will be expected to perform, namely those in the areas of (1) administration of the ward unit, (2) teaching of hospital corpsmen, ancillary personnel, and patients, (3) supervision of hospital corpsmen and ancillary personnel in the management of patient care. The objective of this guidance is to facilitate the adjustment of the new Nurse Corps officers to their managerial roles and allow them to develop skills which they will have to utilize independently in the future.

In Table VII it can be seen that 70% felt that the guidance they received was adequate while 23.3% felt that it was inadequate.

The following comments denoted why the respondents felt that the guidance given them was inadequate:

> "I don't feel I had adequate guidance from the senior nurse of the military ward to which I was first assigned, but my transfer to another ward offered greater opportunities for guidance. Perhaps one reason was that the former nurse was awaiting transfer. Another reason may be that I was personally insecure in my new environment."

"At the time of orientation to my first assignment the primary emphasis was on nursing care with smatterings of managerial duties. So much of these duties were being automatically performed by the charge nurse that it was not until I was in the ward situation alone that I realized how much of the managerial duties had been overlooked."

"The head nurse was being relieved to go to another area in three days and she could have cared less about having a new nurse to orient to the ward."

"The senior nurse was too busy. She had one job to do and did it."

"I was oriented in three different areas under three different senior nurses. In each of these areas I was assigned medications or patient care."

"Unfortunately the charge nurse was hospitalized shortly after I arrived so the ward was left to me with little orientation."

"The senior nurse was a poor example to imitate and not interested in teaching."

"The senior nurse had been in the Navy only six weeks and was unable to give me a clear explanation of anything. Just 'this is the way the Navy does it'".

"The first senior Nurse Corps officer did not want to be bothered answering my questions; however, after working with several other very fine senior nurses I survived".

It is essential that the senior nurse assigned the responsibility of orienting a new Nurse Corps officer be interested, willing and capable of assuming this important responsibility. Apparently from the cited comments this is not always the case and the new nurse is left to seek help from wherever she may get it, and a frustrating trial and error learning experience ensues.

Table VIII

OPINIONS REGARDING THE CONTRIBUTION OF INSERVICE EDUCATIONAL PROGRAMS TO ADVANCEMENT OF KNOWLEDGE IN ADMINISTRATION AND MANAGEMENT

RANK	YES	%	NO	%	No Response	%
ENS	6	10.0	5	8.3	1	1.7
LTJG	6	10.0	8	13.3	0	0.0
LT	9	15.0	9	15.0	0	0.0
LCDR	5	8.3	7	11.7	1	1.7
CDR	2	3.3	1	1.7	0	0.0
Total Reporting	28	46.6	30	50.0	2	3.4

Fifty percent (50%) of the respondents reported that they felt the inservice educational programs did not contribute to the advancement of their knowledge in management, and slightly over forty-six percent (46%) stated that these programs were helpful. However, comments made by those reporting affirmatively indicated that they interpreted management and administration to mean management of patient care rather than management and administration of a ward unit.

The majority of respondents (91.6%) identified one or more problem areas. (See Table IX). The most frequently reported problem areas were interpersonal relationships, communications, and staffing. Our research and investigation indicates that these might be considered key trouble

areas in hospital administration throughout the nation. Some of these problems could be attributed to inadequacies in nursing education and administration, and some traced to inadequacies of medical personnel who have overall administrative responsibility.

Table IX

MAJOR CATEGORIES OF MANAGERIAL PROBLEM AREAS

CATEGORY	NUMBER REPORTING	%	N=60
1. Plans and Policies	12	20.0	
2. Communications	32	53.3	
3. Interpersonal Relationships	55	91.6	
4. Interdepartmental Relationships	14	23.3	
5. Staffing	26	43.3	
6. Supervision	11	18.3	
7. Orientation Program for New Nurse Corps Officers	23	38.3	
8. Non-Nursing Tasks	20	33.4	

Five respondents (9.4%) failed to identify any problem areas. Of these, two stated that they could not answer this question as they worked in a special department (Operating Room, Anaesthesia) and were not aware of any problems areas in the ward situation. Two respondents failed to answer the question and offered no further explanation, while one respondent stated she was not in the military long enough to comment.

Plans and Policies. In general, looking at the total administrative picture in a hospital, it would appear that more attention needs to be given to clarity and stability of policies. Since this is an important area of administrative responsibility for either "good" or "bad" administrative practice, it is important that everynnew nurse and medical administrator review all policies in effect and raise any questions concerning the effect of policies on the total administration.

This managerial problem area was reported by 20% of the respondents. Seven respondents stated that inconsistency of ward policy constituted a major difficulty since they often found themselves caught in a dilemna between the demands of the Ward Medical Officer, the nursing supervisor, and hospital policy. It was in this area that the respondents felt a sense of confusion as they were directed to follow policies which differed from those of the ultimate authority. Some rules and procedures which were in effect in one ward situation did not apply to another. This became particularly frustrating for the nurse who was frequently rotatedd from ward to ward and service to service because the shortage of professional nursing personnel made staffing stability infeasible. This was especially magnified for the new Nurse Corps officer who was trying to adjust to the military situation as well as her new managerial role.

A few respondents referred to the uneven distribution of workload (i.e., morning reports, sick call, nursing care, patient appointments, ward clean up, patient's muster, pharmacy and supply runs, etc.) all scheduled for about the same time. Attempting to accomplish these scheduled activities served as a constant source of pressure for the charge nurse.

Alford and Bangs state that basic to any successful undertaking are sound policies. Setting of policies is a primary function of administration and should be accomplished with due regard to guidelines. Paul Holden of Stanford University has suggested the following guidelines to be utilized in policy formulation:

1. The statement of any policy should be definite, positive, clear, and understandable to everyone in the organization.

2. Policies should be translatable into practices, terms, and peculiarities of every department or division in the enterprise.

3. Policies, regardless of how fundamental, should not be inflexible: they should, however, possess a high degree of permanency.

4. Stability of policies is essential and constantly changing policies are fatal to success.

5. There should be as many policies as necessary to cover conditions that can be anticipated but not too many policies to become confusing or meaningless.

6. Policies should be predicated on fact and sound judgment and should not constitute merely personal reflections.

7. Policies should not prescribe detailed procedure except in rare instances.

8. Policies should recognize economic principles, be in conformity with federal and other laws and be compatible with the public interest. [3]

Communications. Thirty-two respondents (53.3%) reported that communications was an area of major difficulty in carrying out their role as charge nurses. Inadequate reporting at the change of shifts was cited as a major communication defect. It was felt by many respondents that the information exchanged at this time was too abbreviated to allow for full understanding of the total ward situation. This was especially true, two respondents stated, when a nurse reporting for duty had to receive reports from more than one charge nurse as was often the case on the evening and night shifts. In these instances, even though there was a half hour overlap, this amount of time was reported as not sufficient for a comprehensive report. Consequently, the nurse had to return to the wards to enhance the completeness of her information.

Three respondents stated that the method of giving and receiving reports at some hospitals contributed to poor communications. They referred to the system whereby all nurses concerned gathered in one office or designated area for the change of shift report; while the

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[3] L. P. Alford and J. R. Bangs. Production Handbook. (New York: Ronald Press, 1944), p. 1383.

on-coming ward corpsmen received their reports on the wards from the corpsmen going off duty. This resulted in a duplication of reporting, as the nurse who had assumed the duty had the added responsibility of ascertaining what the corpsman had been told in his report and on occasion would have to restate the entire report to ensure his comprehension.

The breakdown in verbal communication between the supervisor and the charge nurse was another factor that was mentioned. Some nurses specifically referred to the paucity of information they received from their supervisor following a regularly scheduled supervisors' meeting with the chief of nursing service.

Verbal communication difficulties encountered fell into the following patterns of interaction:

1. Doctor - Nurse - Corpsman
2. Supervisor - Charge Nurse
3. Charge Nurse - Charge Nurse
4. Charge Nurse - Corpsman
5. Corpsman - Corpsman

Problems of written communications were rarely mentioned; however, there were two instances where respondents commented about the method of distributing hospital instructions and notices.

One respondent commented, "My greatest objection to hospital instructions is that too many of them do not pertain to the ward or nursing situation. They arrive on the ward in the form of a single sheet which is then often misplaced or misfiled."

It has been recognized in the business world that good communications and flow of information is essential to the effective conduct of affairs. Communications is even more vital to the field of nursing, and to the conduct of the hospital in general. The respondents have indicated on their questionnaires that there was indeed a serious lack of communication between all levels. What has caused this to happen? There are several reasons why communications breakdown:

1. Improper use of communication media.
2. Lack of communicative ability in management personnel.
3. Inadequate training programs.
4. Management witholds information from subordinates.
5. Little opportunity to communicate up.
6. Confusion of authority.
7. Clashing personalities.
8. Specialized terminology.

Some conclusions the business world has drawn regarding communications are as follows:

1. Very important policies should be transmitted orally or in combination with written media.

2. There is a definite relationship between communications and productivity.

3. Oral communication is at least as important as written communication and may even be more important.

4. Communicative ability is a combination of natural talent and skill that may even be more important.

5. All levels of management should receive training in methods of communication.

6. Effectiveness in communication is partially determined by the authority of the communicator's position.

7. The personal regard the listeners have for the communicator seems to effect the reception and acceptance of his ideas.

8. Ability in oral communication is an important factor in managerial effectiveness.[4]

Interpersonal Relationships. Patterns of interaction and communication form the basis for interpersonal relationships, and the vast majority of respondents (91.6%) identified some aspect of interpersonal relationships as a problem area.

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[4]Paul E. Lull, et al. "What Communications Means to the Corporation President," A report designed by the Purdue University Industrial Communication Research Center from Advanced Management, March 1955.

Doctor-Nurse Relationship. Twenty-one (38.1%) of the respondents specifically identified this aspect of interpersonal relationships as presenting a major difficulty in their managerial role. Some respondents stated that there was a lack of rapport and/or understanding between the nurse and the ward medical officer because the ward medical officer did not understand the role of the charge nurse. Others stated that the ward medical officer did not fully appreciate the administrative responsibilities that are tied in with his medical responsibilities to the ward.

Dr. Burleigh Gardner touched upon this problem when he stated that professionals are rather individualistic in that their feeling of significance lies in the field of their competence rather than in being part of the hospital organization. He further stated that the professional man's identification is with his profession, and this explains why the average doctor does not really see himself as being part of the hospital organization in which he practices.[5]

It often appears that nurses are only adjuncts to the treatment program, and many nurses, upon completion of their basic nursing programs, are shocked to find how low in esteem the nurse is held by some doctors. This attitude tends to lower the status of the nurse although status is necessary if the nurse is to handle her work properly.

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[5] Burleigh Gardner, report from a presentation made to personnel officers of Research and Development Agencies.

As part of the medical evolution, procedures which at one time were considered to be the province of the medical doctor now belong to the nurse. Many doctors seem to be unaware of the evolution in the nursing profession, although they are aware of the evolution in medicine.

The criticism of doctors suggests the desirability of a comprehensive indoctrination which would acquaint civilian doctors coming into the military with the responsibilities they have to carry, and with the role that both the nurse and corpsman play on the treatment team. Lack of orientation and misunderstanding may account for many of the problems cited. Most doctors would accept the hypothesis that getting the patient well in an atmosphere which is devoid of friction is a desirable objective. An orientation program tailored to improve communication between doctors, nurses, and supporting personnel would be a logical step.

Nurse-Corpsman Relationship. Seventeen respondents (31%) indicated that they experienced problems in their relationships with corpsmen. The nurse attributed this mainly to:

1. Difficulty in motivating corpsmen who had a poor attitude toward nursing to begin with.

2. Corpsmen who possessed a "short-timer attitude".

3. Nurses lack of knowledge as to what was being taught in corps school and what they could legitimately expect from the corpsmen assigned to them.

4. Inconsistent application of reward and punishment.

The respondents commented liberally in this area indicating that this situation was highly problematic. Some of the responses are as follows:

> "Corpsmen who are unhappily part of the Hospital Corps and possess little aptitude or ability for nursing care. Some are excellent -- many are not."
>
> "Use of corpsmen for so many other purposes other than providing patient care; removal of corpsmen as soon as rated, or at the end of six months, and assigning them as office yeomen, ambulance drivers, laundry duty, etc..."
>
> "Rapid turnover of enlisted hospital personnel. Lack of prestige for war corpsmen."
>
> "Discipline is a very real problem because for some major offenses, e.g., sleeping on watch, radioing in vitals, not passing meds, the men are slapped on the hands and told to be "good" boys, yet a good conscientious corpsmen can be three minutes late for muster and he is restricted and serves extra duty. The men are punished so often (and so out of proportion) for small things that they don't care about the big ones."
>
> "Inadequately trained corpsmen and lack of time to properly train them on the job. The program for training corpsmen at corps school is grossly inadequate -- frightfully so! When a new corpsman, right out of corps school, is assigned to an area such as intensive care unit, the corpsman is traumatized, the concerned ward nurse has nightmares, and the patient may be placed in danger."

> "At first, as an Ensign, you feel corpsmen know almost more than doctors and you find it hard to "teach" them anything; however, the longer you are a Navy Nurse, the more you realize how little most corpsmen know about nursing."

Most of the respondents exhibited a degree of frustration when speaking of nurse-corpsmen relationships. This was especially true of the new Nurse Corps officer who had limited military experience.

Although a nurse assuming a managerial role is part of a group, it is convenient to look upon her apart from her subordinates. Resources, human and otherwise, for achieving organizational objectives are assigned to her, and she must integrate them. This may seem easy when it comes to material resources, but this is difficult when it comes to human resources, for they require skilled direction.

It is also convenient to think of the charge nurse apart from the group because she is its leader, and leadership involves wise use of a motivational system plus a personality which engenders zeal in others.

The behavior of a group largely depends on the kind of a leader it has. The charge nurse's leadership style, the quality of her communications, the respect of her peers, her general character, her human attitudes -- all these influence the morale of subordinates, which in turn, reflects the charge nurse's skill in directing them.

Nurse-Corpsman relationships may be improved if as a matter of general policy the charge nurse receives a resume of the corpsman's nursing experience when he first reports to a hospital ward. Interest in his educational background and experience and the desire to plan and expand his nursing experience would perhaps avoid the development of a distaste for nursing on the part of the corpsman.

Nurse-Nurse Relationship. Eleven respondents (20%) identified poor interpersonal relationships between nurses as contributing to the overall picture of management problem areas. Most of this difficulty was attributed to a lack of communications between nurses -- ward-to-ward or watch-to-watch. Some respondents indicated that they were not able to establish any form of an interpersonal relationship with some of the senior Nurse Corps officers, and this in turn made a harmonious work relationship very difficult. The eleven responses were tinged with emotion and as such may not be indicative of the total population, but rather of a few. It should be recognized that the investigators asked only for comments on items which gave difficulty.

Some of the responses were as follows:

> "The nurse I relieved showed no interest in telling me what was happening. Her report was rushed and she seemed in a hurry to go off duty."

"She was unapproachable and difficult to talk to."

"Too many of the senior nurses are very critical and do not offer constructive criticism."

"Had no tolerance nor time to listen to the opinion of another nurse."

"Made me feel that I was not capable of doing my job."

It is not enough to think of the nurse as a single unit, operating by herself without reference to others. We must also think of her as a member of a group. Interpersonal relationships between nurses -- staff nurses, charge nurses, supervisors -- are important because of the effect these relationships have upon the success or failure of the group in attaining its objectives.

In nursing, which requires cooperative endeavors, each individual and group tries to develop a stable pattern of interaction. When these stable patterns are disturbed, individuals experience stress or an uncomfortable feeling of pressure or dissatisfaction.

Senior Nurse Corps officers, not familiar with the elements of management and who have acquired through seniority a higher level of administrative responsibility, may adopt a non-communicative and authoritarian approach. They may have observed this type of approach in their nursing superiors or doctors, and having been exposed to this approach themselves, may in turn use it in their relationships with their subordinates.

Interdepartmental Relationships. Interdepartmental relationships were identified as a problem area by fourteen respondents (25.5%). Understanding between departments is essential if the major work of patient care is to be accomplished. Some respondents felt that this understanding on their part was lacking, and that this hampered them in their role as managers. Other respondents indicated that the lack of close cooperation between departments was due mainly to a lack of understanding as to where each department stood in relation to the total patient care picture.

Three typical comments are as follows:

> "Inadequate communications between departments. Better interdepartmental understanding would result if communications were adequate."

> "Basically, I feel that inadequate interdepartmental communications are the greatest source of trouble, which in turn causes many ward management problems. I feel I know very little concerning the problem areas of nursing service as a whole, this makes relating to other areas difficult."

> "Failure to have problems, routines, purposes of other departments adequately explained. I refer especially to the supply department, diet kitchen, x-ray, laboratory, and clinics. There is much room for improvement in cooperation and understanding between departments; sometimes it seems our aim is conflict and confusion instead of all serving the same purpose of providing the best possible patient care. Perhaps this is best expressed by stating there are just too many 'private kingdoms'".

The major objective of management is coordination and cooperation. Insofar as achieving the purpose of a hospital, effective medical care, the area of interdepartmental relationships would appear to be one in which further study is needed. A direct action program should

be put into effect to inform people throughout all departments of the hospital how each department functions and contributes to the overall goal of effective medical care.

The following guidelines on interdepartmental relationships have merit:

1. All hospital personnel contribute directly or indirectly to good and better patient care.

2. While the heads of departments organize their functions and policies, the personnel within departments carry on the activities for which the departments were organized and engage in interdepartmental activities in so doing.

3. Unless the realization of interdepartmental interdependence is translated to personnel, conflicts may occur due to the unwillingness to understand and work cooperatively, to work out problems that may arise, and to share mutually in values attained.

4. Interdepartmental policy books have value if they are up to date, accessible, inclusive, and recognized as an aid by personnel.

5. Interdepartmental relationships are a form of human relationships; they call for horizontal as well as vertical levels of cooperation for effectiveness.

6. Interdepartmental meetings, chaired by a supervisor familiar with defensive communications*, in which the members of each department explain their aims and objectives, and in

*Defensive behavior is defined as that behavior which occurs when an individual perceives threat or anticipates threat in the group. Arousing defensiveness interferes with communication, and thus, makes it difficult -- and sometimes impossible -- for anyone to convey ideas clearly and to move effectively toward the solution of therapeutic, educational, or managerial problems. (Source: Jack R. Gibb. "Defensive Communication", Journal of Communication, XI, September, 1961, p. 141-148.)

which they show how cooperative relationships between each of these departments can be best effected, can be an educational tool that promotes understanding and willingness to work for the common purpose for which hospitals exist: namely, good patient care.

7. Incorporation of a program of visiting departments in the hospital other than nursing helps to build an esprit de corps between departments.[6]

Staffing. Forty-seven percent (26) of the respondents felt that staffing problems added to their burdens as managers. This included the staffing of corpsmen as well as nurses. Inadequate numbers as well as frequent rotation of personnel were most frequently mentioned and the following comments are illustrative of this fact:

"In the past, before I had my own ward, and when I floated from ward to ward, I noted a lack of continuity of nursing care because I worked on a different ward each day."

"The problem is one of staff fluctuation and a shortage of nurses and corpsmen which resulted in much rotation."

"Lack of continuity resulting from instability of personnel, both nurses and corpsmen."

"I don't think that nurses really get interested in ward management when they know they are only going to be on a ward for a short time."

"Instability of staff thus requiring constant orientation and training of new personnel."

"Constant shifting of nurses from ward to ward."

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[6]Cecilia M. Perrodin, Supervision of Nursing Service Personnel. New York: The MacMillan Company, 1961, p. 261-267. (Adaptation of principles related to interdepartmental relationships.)

Those problem areas identified by the respondents as "staffing" problems mainly relate to the frequent rotation of Nurse Corps officers and corpsmen due to the scarcity of these human resources. This is basically an economic problem of supply and demand, and one for which there is no easy solution. It involves the best allocation of available human resources, considering the numbers and the special skills and abilities of the individuals, as it can best benefit the total organization and meet its objectives. It also raises questions regarding the adequacy of planning -- related to staffing requirements -- and the need for greater stability if medical personnel are to be effective.

From the standpoint of stability, minimum standards regarding the length of time a nurse or corpsman remains in one area before rotation can contribute to the staff's learning to work together and planning ahead with some degree of confidence. Constant modification and the resulting instability can lead to lack of interest and concern in providing the best nursing care.

Supervision. Eleven respondents (20%) felt that the type of supervision they received contributed to the managerial problems they experienced. Specifically mentioned were the lack of (1) guidance and counseling on the part of the supervisor, (2) timely individual performance evaluations, (3) awareness of the problems faced by the charge nurse.

The above views are reflected in the following comments:

"It seems that oftentimes the supervisors are so far removed from practice that they fail to understand the problems of the charge nurse."

"So many supervisors seem oblivious to our primary purpose -- nursing care -- and make no visits to the patients. Often they are in a rush for a report only."

"We must improve our supervisors and teach them the principles and practices of guidance. To date a nurse is only notified of her unsatisfactory work when such a report is being filled out annually or semi-annually, as the case may be. If a nurse's work is passable she may be shifted from one ward to another and in time she realizes that she is not performing as expected. In all this time she receives no help or guidance of any kind."

"Inexperienced ward nurses are left to blunder without any guidance."

Two of the respondents made the following comments about their area supervisor:

"She made routine rounds but never stayed to help or give practical suggestions when I asked for help."

"My association with the area supervisor consisted of being told when I was wrong and she had caught the error; if I wasn't corrected then I could only assume I might be right, or the supervisor just hadn't noticed an error. This was a source of frustration expressed by all the junior nurses in the area."

The following code for supervisors of nursing service offers some excellent guidelines for supervision:

THE NURSING SUPERVISOR IS COMMITTED

1. To the recognition that all personnel, above, beside, or below, have an inherent desire to do good work and to be useful and respected citizens. Until she has considered every

possible motive, it will not be assumed that any man or woman wants to do anything less than his or her best.

2. To the maintenance of an open mind on all subjects, and a broad and balanced outlook. She will always be willing to recognize merit in the suggestions and thinking of others.

3. To firmness in dealing with all her associates in the nursing profession. Recognizing that she is in an important position, she will assume responsibility for her own mistakes and will refrain from shifting the blame to others.

4. To an understanding and application of management principles, personally; and to the guidance of her personnel in the understanding and application of management principles.

5. To the development of personal progress in medicine and the resultant changes in equipment and nursing procedures; and to the recommendation and institution of methods and equipment that give promise of increasing quality of nursing service, lowering costs, and improved working conditions.

6. To a realization and constant awareness of supervisory functions and to improve nursing service by helping personnel to a maximum of satisfaction from life and work.

7. To a cognizance of the fact that personnel are desirous of a supervisor who is worthy of respect, and possessed of a good moral character, good citizenship, and integrity; a supervisor who supports and promotes an uplifting influence in her personnel and upon the community.[7]

Orientation Program for New Nurse Corps Officers. Twenty-three (41.8%) of the respondents felt that some aspects of the orientation programs were inadequate and failed to meet the needs of a new Nurse Corps officer in preparing her to cope with the problems that she would fact as a charge nurse.

[7] Ibid, p. 37. (Adapted from Perrodin's adaptation of N.A.F. "Code of Ethics for Foremen", Management. January, 1949.)

The transition from civilian nursing to military nursing can be a difficult adjustment. The problem of adjustment may be a difficult adjustment. The problem of adjustment may be compounded for the new Nurse Corps officer who enters the Navy without prior civilian graduate nursing experience.

In addition to the routine orientation program for those experienced nurses reporting from other duty stations, a special program has been established for the orientation of the new Nurse Corps officer. In must instances this program consists of a combination of classroom instruction and coaching techniques, designed to prepare the new nurse to function independently in her managerial role. These programs vary in length and depth of content. Ideally, the new nurse is coached by a capable, experienced senior Nurse Corps officer. However, Tables VI and VII point out the fact that in some instances the ideal is not met. The need to meet the ideal is further emphasized by the following comments:

> "New Nurse Corps officers should be thoroughly familiarized with the military aspects of ward management before being assigned to a specialized area such as the dependents unit, recovery room, or intensive care units. They should work closely with a senior nurse who would be primarily responsible for their orientation to the ward unit."

> "Ideally, the new nurse should work for several months with a senior nurse who is skilled in not only ward management, but able, by her example, to show what the role of the Navy Nurse is."

"The orientee should have the opportunity either individually or in a group setting to discuss the problems she encounters with someone skilled in counseling. This is generally not the case."

A few of the respondents stated that the intensive care unit was not a proper place to send a new Nurse Corps officer for military orientation as they were occupied with giving nursing care. One respondent specifically stated:

"I think just having the responsibility of managing a ward should be every new Nurse Corps officer's experience. Starting on an intensive care unit, the new nurse is too protected and doesn't get this experience. When she then has this responsibility she doesn't know where to begin."

It might be noted here that a nurse, new to the military and without prior civilian graduate nursing experience, may be assigned to an intensive care unit for additional nursing experience. However, as she will most likely be assigned later to a military ward, she also needs supervised experience in ward management.

Non-Nursing Tasks. While a large part of the head nurse's administrative functions involve managerial activities which are non-nursing in nature, modern nursing care demands more active participation of charge nurses in the supervision and direction of hospital corpsmen and auxiliary personnel engaged in patient care activities.

Twenty respondents (36.4%) referred to the administration of non-nursing tasks as a problem area. These non-nursing tasks included such activities as:

1. Clerical duties

2. Reports and forms

3. Ordering of supplies and equipment

4. Maintenance requests

5. Transportation and messenger service

6. Housekeeping

Comments regarding the above non-nursing tasks are:

"A non-professional worker is needed to answer the telephone and to perform some clerical tasks. This would allow the charge nurse more time at the bedside of her patients and for teaching her corpsmen. A ward clerk would be a welcome sight."

"Cleaning on the wards should be a responsibility of a housekeeping department rather than a duty of the ward corpsman, who is not only responsible for nursing care, but also for cleaning. I do not feel that the corpsman can do both adequately."

"Too much paper work and repetition of reports; I suppose this should be accepted as a necessity but should be kept at a minimum."

"The management practices in the Navy are of too great a scope as for example, the Nurse Corps officer is responsible for housekeeping which should be delegated to a non-professional person."

"Lack of delivery service. Redtape involved in ordering supplies, antiquated linen service and method of housekeeping contribute to the burdens imposed."

"At present, detail men are sent from other wards and it is a fight every day to obtain their services."

One of the methods devised by civilian hospitals to contribute to greater administrative efficiency has been the establishment of positions for well qualified unit managers or ward secretaries to relieve the nursing department of essentially non-nursing responsibilities. This has allowed the charge nurse to devote more time to those responsibilities connected with the coordination of work of other nursing personnel and to function as an important member of the hospital patient care team.

CHAPTER III

SUMMARY AND OBSERVATIONS

The purpose of this study is the identification of the problem areas associated with the managerial role of the Navy charge nurse in naval hospitals, and the factors which contribute to these problems. A questionnaire was designed to determine what a group of selected respondents considered to be the managerial problem areas facing them in their role as charge nurses. This questionnaire was distributed to 110 Navy nurses at a large naval hospital. Of this number, sixty-two nurses (56.3%) responded but only sixty nurses completed the questionnaires. In addition to the above, the first chapter discusses the method, respondents, and procedures.

The second chapter of this study analyzes the information obtained from the questionnaires. It is divided into two sections: the first deals with information obtained from the check list questions, and includes such factors as educational background, rank, years of military service, place of basic Naval Indoctrination, management courses offered in nursing programs, and opinions regarding the adequacy of senior nurse guidance. In addition, opinions regarding the contribution of indoctrination, hospital orientation, and inservice education programs to the advancement of the nurse's knowledge of management are analyzed.

The second section analyzes the major managerial problem areas identified by the respondents. These are categorized under the following major headings:

1. Plans and policies
2. Communications
3. Interpersonal relationships
4. Interdepartmental relationships
5. Staffing
6. Supervision
7. Orientation programs for new Nurse Corps officers
8. Non-nursing tasks

The majority of the respondents (91.6%) identified one or more problem areas. The most frequently reported problem areas were interpersonal relationships (91.6%), communications (53.3%), and staffing (43.3%). Other areas identified to a lesser degree were orientation programs for new Nurse Corps officers (38.3%), non-nursing tasks (33.4%), interdepartmental relationships (23.3%), plans and policies (20%), and supervision (18.3%).

Many of the respondents freely discussed what they felt were major managerial problem areas. On the basis of their comments the following observations and recommendations are made:

1. Basic Indoctrination Program. Management courses offered at indoctrination centers failed to prepare some Nurse Corps officers for their adjustment to the managerial duties of the Navy Nurse.

Recommendation. An indoctrination program comprised of two separate phases may better meet the needs of the new Nurse Corps officer. The present indoctrination program at Newport, Rhode Island, could be considered the first phase. Upon completion of this program, the next phase might be directed toward a concentrated study of management and the managerial duties that the new Nurse Corps officer is expected to assume. Ideally, this portion of indoctrination could be established at a designated naval hospital, where the new nurse would have the opportunity for directed ward management experience under the guidance of a selected group of Nurse Corps officers, augmented by professional educators in the fields of hospital administration and management.

This would be advantageous for both the new Nurse Corps officer and the Navy Nurse Corps as a whole. For the new nurse, this would mean a less traumatic adjustment period at her first hospital assignment, and would enable her to function more effectively in her managerial role in a shorter length of time.

For the Navy Nurse Corps, this would eliminate a duplication of "orientation programs for indoctrinees" at the individual hospitals to which the new nurse is first assigned.

A new Nurse Corps officer who feels she is well prepared to assume her managerial duties will perhaps receive greater job satisfaction -- which is conducive to higher morale -- and thus, be inclined to remain in the military service for a longer period of time.

2. Orientation Programs. Hospital orientation programs for new Nurse Corps officers do not adequately provide for the explanation of managerial responsibilities of the Navy charge nurse.

Recommendation. If a two-phased program as suggested in the above recommendation is not considered feasible, strengthening of the individual "indoctrination programs" at naval hospitals might be suggested. Placing greater emphasis on managerial responsibilities, including the human relations aspects of management, would perhaps contribute to:

(a) Better preparation of the new Nurse Corps officer to assume her managerial role.

(b) A greater sense of security and satisfaction in her work.

(c) Her knowledge of the fundamentals of management and those tools and techniques which would aid her in the solution of managerial problems.

3. Inservice Education Programs. Inservice education programs contribute more to the knowledge of management of patient care than to ward management and administration.

Recommendation. Inservice education programs might be further enriched by including a series of management lectures and/or seminars. This would afford all Navy nurses the opportunity to discuss their managerial problems, to understand the reasons why these problem areas exist, and to learn the management

techniques that might contribute to the solution of these problems.

In the Research and Development areas of the Navy, management consultants from universities have been made available to aid Navy personnel with their problems. Perhaps this type of assistance could be made available to the Navy Nurse Corps.

4. Management Education. A program devoted exclusively to management and to the managerial duties of the Navy Nurse Corps officer is not available.

Recommendation. The establishment of a continuing management development program, utilizing outside management education resources, would serve to prepare those Navy nurses who at some time in their career will be expected to assume positions of greater responsibility. Since managerial skills are developed over a long period of time, such a continuing development program can be considered a valuable long-range investment.

5. Guidance. Guidance given by senior nurses to new Nurse Corps officers is often inadequate.

Recommendation. Senior Nurse Corps officers assigned the responsibility of guiding the new Nurse Corps officer should be selected on the basis of their experience, and the following considerations:

(a) A willingness on the part of the senior nurse to accept this assignment.

(b) A sincere interest and desire to guide and assist the new Nurse Corps officer.

(c) Demonstrated ability in management and administration of a ward unit.

(d) Some knowledge of educational and/or teaching techniques.

6. Hospital Corps School Information. There is no channel of communication to inform Nurse Corps officers of the type and content of courses taught at the Class A Hospital Corps School, nor any changes that have occurred in these training programs. Consequently, nurses, especially new Nurse Corps officers, generally do not know what nursing preparation corpsmen have received nor what can be expected of them upon their arrival at their first duty hospital.

Recommendation. The establishment of a communication system to familiarize Nurse Corps officers with the type and content of courses taught at the Class A Hospital Corps School, and the changes that occur in these training programs, would contribute to the improvement of nurse-corpsman relationships. This information would serve as a foundation for:

(a) Planning further nursing instruction and supervision of corpsmen.

(b) The evaluation of corpsmen performance.

(c) Creating an atmosphere which would be more conducive to motivating corpsmen toward better performance and an increasing interest in nursing.

7. Follow-up Research. Further studies concerning the managerial problem areas herein identified should be undertaken as a follow-up to this study.

CHAPTER IV

DEVELOPMENT OF THE MANAGERIAL ROLE CONCEPT OF THE CHARGE NURSE

Nursing, as any other profession, is concerned with learning the behaviors that are appropriate to one or more fairly well defined roles, the ways in which these roles interlock with others in complex systems, and the skills necessary for effective performance. A role is that complex of behavior that is expected of one who occupies a given position.[8] The nursing role can be viewed in many contexts, but the one presented here is one which has been undergoing changes for many years -- the managerial role of the charge nurse.

In recent years, charge nurses have assumed numerous managerial responsibilities in hospitals and health agencies, but this was not always so. Approximately sixty years ago, the majority of nurses were engaged in private duty and a small percentage worked in hospitals and public health services. "The typical nurse was a self-employed enterpreneur who sold her services directly to the patient or his family.[9] Working largely alone in the

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[8]Lyle Saunders, "The Changing Role of Nurses," The American Journal of Nursing, LXIV, September, 1954, p. 1094.

[9]Ibid., p. 1096.

home of the patient, the nurse had considerable control over her working conditions and could devote all of her professional attention to one patient. Consequently, areas of authority and responsibility were no problem as the only persons concerned in the therapeutic situation were the physician, the nurse, the patient, and his family.[10]

The private duty nurse did what she was told to do by the family physician, and performed such housekeeping services as the family directed. Her educational background was limited and much of her knowledge and skill was developed on the job. What she had been "trained" to do was largely what she did, and any additional knowledge resulted from experience and such instructions as were given by the family physician.

With the advent of new medical technology and complex procedures and techniques, hospitals began to assume greater importance as centers of medical care. Schools of nursing were established in the hospital situation, and the introduction of trained nurses into hospitals resulted in better nursing care for patients. Consequently, physicians began to send their patients to hospitals where they would benefit from these medical and nursing services.

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[10]Ibid.

As a result of the new emphasis on hospital care, nurses now sold their skills to institutions, worked with others rather than alone, performed in situations in which there was a division of labor and where the conditions of work were controlled by an organization.[11]

Along with the division of labor in nursing we find the introduction of titled positions denoting authority and responsibility. Hence the title of charge nurse, or head nurse, as it is often called, became a commonality. However, the functions of the charge nurse were not clearly defined, but included just about everything that involved not only the patient, but his entire environment as well.

Even during the 1930's, the charge nurse was responsible for everything on her ward including the supervision of the kitchen help, housekeeping duties, ordering of supplies and linen, repair of equipment, periodic inventories, and knowing when the sinks and hoppers were not working. One-fourth of her time was spent in housekeeping tasks alone.[12]

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[11] Ibid.

[12] Jean Barrett. "The Head Nurse's Changing Role", Nursing Outlook, XI, November, 1963, p. 800.

As early as the 1940's, some hospitals began to recognize the need for further departmentalization, and thus, dietary and housekeeping departments were established, and the need for ward clerks was acknowledged.[13]

As a result of the declaration of war in 1941, many professional nurses entered the military services, leaving the civilian hospitals with critical shortages of professional nursing personnel. Practical nurses and nursing aides were recruited to assist the remaining nurses in providing nursing care. Consequently, charge nurses accepted the responsibility for the training and supervision of non-professional workers. This situation has continued and grown in complexity ever since.[14] The need for new skills and the necessity for establishing new types of relationships in the work situation resulted.

A series of professional role modifications in nursing took place; functions were transferred from one group to another and responsibilities were reassigned. All this was inevitable in a period of rapid change. What emerged rather clearly from the changes that occurred and are continuing to is the increasing managerial aspect of the role of the charge nurse.[15]

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[13]Saunders, op. cit., p. 1097.

[14]U. S. Department of Health, Education and Welfare. Toward Quality in Nursing, Washington: Government Printing Office, 1963, p. 4.

[15]Saunders, op. cit., p. 1097.

Nursing education reflected this change and broadened its curricula to include courses concerned with the development of leadership skills, interpersonal and intergroup relationships, and principles and techniques of management and administration.

By the year 1950, it was generally accepted that the charge nurse functioned as a manager and administrator. What has not been generally accepted by nurses since then is exactly how the managerial role of the charge nurse should be fulfilled. Should her skills be directed solely toward the management of patient care; should her managerial abilities be primarily utilized in the administration of the ward unit; or should the managerial role be a dual one -- management of both patient care and the ward unit with less emphasis on the latter? *

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*In State Mental Hospitals the registered nurse is the backbone of patient care -- in part due to the inability of the psychiatrist to handle the magnitude of the problem -- and in part due to the nurses intimate knowledge of patient needs and the nurse's ability to cooperate with the treatment team and follow through with patient care. (Statement by Wm. Howard Church, M.S.P.A., Consultant to California Legislative Budget Committee on California Hospital Administration; Consultant to President's Committee on Intergovernmental Relations on Health and Medical Care; Professor of Management, U. S. Naval Postgraduate School, Monterey, California.)

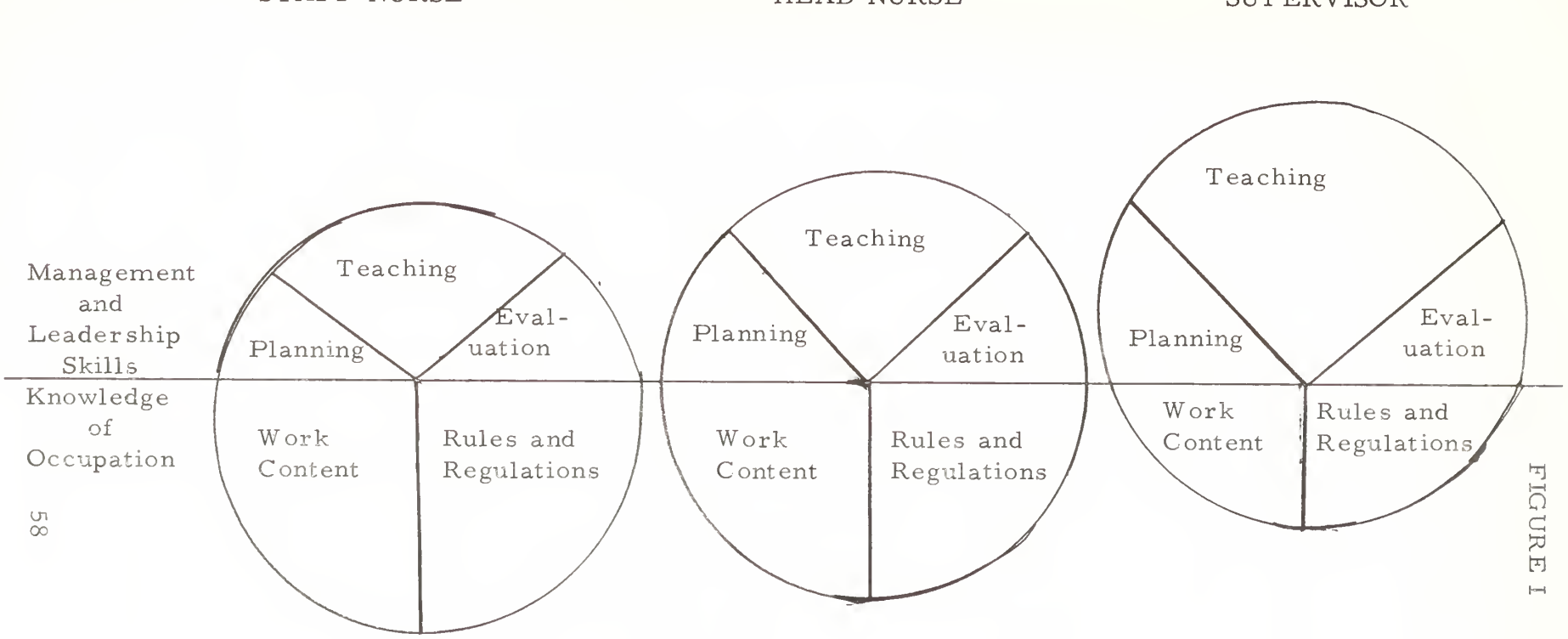


FIGURE I

PROPORTION OF MANAGEMENT AND LEADERSHIP

Skills Required at Different
Levels of Nursing Service
Administration

NLN-DHN
11/23/59/400/KK

Nursing literature presents various views regarding these questions. In 1954 Saunders stated:

> If nurses are going to be managers, and it is evident that they are, there are perhaps two or three things that they might profitably do. One is to recognize the fact and take steps to bring their feelings and attitudes into line with this new aspect of their role. They could come to some understanding with themselves and each other about what is their proper area of responsibility and performance. They could recognize that area for what it is, a highly important and useful segment of the total effort of both preventive and clinical medicine, and stop being envious of and encroaching on the doctor's function on one side and reluctant to release functions to less skilled people on the other.
>
> They could recognize that the supervision of care of the patient is a job that is fully as important and immeasurably more demanding than the actual giving of that care, and they could develop some new images of themselves that are more realistic than the ones some of them have had in the past. They could redefine their professional function to the point where they could see themselves as managers and be proud of such a fact. On the immediate practical side they could, as they have already started to do, learn and use more effectively and assuredly than they do now the techniques of administration for the more certain attainment of their job ends.[16]

By 1955, the charge nurse was no longer held responsible for being all things to all persons, but she acquired the responsibility for supervision of different types of nursing personnel and became an "orienter", teacher, and supervisor of new staff members. The introduction of team nursing aided the charge nurse with these activities, but now her responsibility encompassed supervision and teaching of team leaders.[17]

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[16] Ibid., p. 1097-1098.

[17] Barrett, op. cit., p. 802.

This approach has relieved the charge nurse of many non-nursing tasks.

Jean Barrett discusses the concept of a charge nurse's responsibilities being divided into two jobs -- a unit manager and a clinical specialist. She states in part:

> There wouldn't be any position of head nurse as we now know it. The head nurse would be a clinical specialist, a highly qualified nurse with advanced preparation in her specialty: medical-surgical, pediatric, maternity, or psychiatric nursing. In this capacity she would not only have responsibility for providing expert nursing care to patients, but also play an active role on the health team....
>
> ....The foremost responsibility of the head nurse, or clinical specialist....will be working with the team leader and her team in diagnosing patients' nursing needs ....A second responsibility of the head nurse, whom we now recognize to be a clinical specialist, will be to work with each team in planning the care of patients on the basis of their particular needs....The third responsibility of the head nurse in providing expert care for each patient will be to teach and assist the team leaders....The fourth responsibility will be to evaluate the nursing service on the division continuously, working closely with the unit manager and the team leaders....Fifth, the head nurse will work with the administrative supervisor in planning time and evaluating personnel....
>
> ....I am convinced that this type of ward organization is coming. It is already in operation in some hospitals. Head nurses need to be ready for the change. It will not happen overnight; it will be years before it is common practice....[18]

Another champion of the dual concept is Whitaker, who wrote in 1962 that:

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[18]Ibid. p. 803-804.

> To accomplish the primary purpose of nursing, nurses are employed in the hospital setting to perform two roles; that of nursing practice, the clinical role, and that of administration and teaching which can be called the functional role.
>
> The functional role is performing in such areas as hospital administration, personnel management, supervision and administration of the nursing department, and training of other persons.[19]

During the years of experimentation, traditional ways of trying to solve the ever-increasing problem of providing adequate patient care still existed, and with all the changing concepts and advances in technological and scientific progress, it is not surprising that the position and responsibilities of the charge nurse were also in a state of flux.[20] Meeks stated her views when she wrote:

> The head nurse today is primarily an administrator. She does teach and supervise workers, including professional nursing students, and she must cooperate with the many departments in the hospital to carry out her program and that of the hospital, but her main job is an administrative one. She is the managerial head of the ward or floor for which she is responsible.
>
> As an administrator, the head nurse must be actually responsible for the total management of her ward or floor. She must be responsible for all the permanent personnel of her ward.[21]

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[19]Judith G. Whitaker. "The Changing Role of the Professional Nurse in the Hospital," American Journal of Nursing, LXXII, February, 1962, p. 65-69.

[20]Dorothy Rapier Meeks, et al. Nursing Service Administration. St Louis: C. V. Mosby Company, 1962, p. 233.

[21]Ibid., p. 233-234.

Walker and Hawkins feel that management is an important factor in clinical nursing and stripping the nurse of administrative responsibilities as in the ward manager system, does not reduce the need for management skills and leadership techniques. They state in a recent article:

> In the light of our great concern for patients and awareness of the need to make more hours of professional nursing available for direct care, we have begun to seek ways to relieve the nurse of administrative and other non-nursing responsibilities in order that she might concentrate on clinical nursing. These efforts are not new. Most institutions have removed the dietary and the housekeeping services from the aegis of the nursing department. They have supplied their wards with clerical assistants to answer telephone calls, order supplies, keep records, and attend to other non-nursing details. However, with the development of ward managers, service supervisors, or what ever they might be called, a major change of functions is developing in nursing.
>
> Among nurses and some of their consultants from other disciplines, there are conflicting opinions about these moves toward change. Some believe that certain aspects of hospital management would best be left with nursing, and some service management units have been developed under the guidance and authority of the director of nurses; others have been delegated to an assistant hospital administrator. The more radical believe that it would be better if the nurse not only continued to actually supervise all the hospital service aspects of patient care, but also returned to the 'good old days' when the charge nurse was responsible for ward housekeeping.
>
> ....we believe that modern nursing curriculums fail to develop in the nurse an awareness of and an ability to apply social science knowledge when management of groups of people is involved. It is our opinion that the social science courses now being taught are oriented toward further understanding of the individual patient -- with little or no accent on

application of such knowledge to developing the art of management. We conceive of management as 'not just passive adaptive behavior; but meaning to take action to make its desired results come to pass'....

....In light of the present staffing of hospitals and the conclusions of the Surgeon General's report on nursing, it is and will continue to be necessary that professional nurses function with the assistance of other nursing personnel in order to accomplish reasonably effective clinical nursing. If all the professional nurses today were assigned to devote their full time to personally administered patient care, there would be none available for the majority of hospital patients to either determine their nursing needs or to supervise the auxiliary personnel who must provide for these needs. We are <u>not</u> referring here to such needs as linen supplies, messenger services, housekeeping, or clinical equipment, but to the <u>management</u> of patients -- including nursing diagnosis and nursing care plans based on these diagnoses....

....To provide such care, a professional nurse in almost any institution in the United States today must plan, organize, direct, control, coordinate, and evaluate, utilizing a staff of subordinates to accomplish the total objective....

....In essence, to nurse effectively in a modern hospital, a professional nurse, with rate exceptions, must be skilled in the area of management.[22]

It is evident that more of the managerial aspects of the nurse's responsibility have come to be recognized by experts in nursing and hospital and medical administration.

In a United States Naval Hospital, the managerial role of the Navy charge nurse is a dual one -- management of patient care and management of the ward unit. The functions of the Navy Nurse are defined in the Manual of the Medical Department as:

---

[22]Virginia H. Walker and James L. Hawkins. "Management: A Factor in Clinical Nursing," <u>Nursing Outlook</u> XXIII, February, 1965, p. 57-58.

1. An officer of the Nurse Corps assigned to duty as charge nurse of a ward shall:

(a) Insure that the highest standard of nursing practice and patient care is given by personnel assigned to nursing duties; diligently carry out, or see that they are carried out, all written orders of the medical and/or dental officers relating to the care of patients; and be acquainted with all such orders and other conditions pertaining to prescribed routine for efficient performance of duties.

(b) Promptly inform the medical officer in charge, or in his absence, the medical officer of the day, of circumstances pertaining to the watch as necessary for the proper performance of duty.

(c) Carry out administrative orders of the ward; where junior Nurse Corps officers are assigned, instruct them in naval procedure and administration, and delegate specific duties, and instruct enlisted members of the Hospital Corps, and other personnel assigned, in the performance of their duties attendant upon nursing care, and other duties relative to satisfactory environment of the ward, and insure proper performance of such duties.

(d) Keep all narcotics, potent poisons, and alcoholic liquors on the ward under lock and key when not in use. The narcotic book shall contain a record of all receipts and issues, including the name of the patient, dosage, time, date, medical officer's name, and by whom issued. Instructions concerning the care, custody, and use of poison containers shall be enforced.

(e) Be responsible for the keys assigned for the safeguarding of narcotics and other medicines as prescribed by the commanding officer of a naval hospital or the medical officer of the naval station, ship, or other activity; and when properly relieved turn the keys over to the relieving officer.

(f) Comply with orders and instructions of the medical activity, Navy regulations, and manuals regarding:

(1) Maintenance of inventory of equipment and material.

(2) Control and issuance of supplies.

(3) Safeguarding of valuables and personal effects of patients.

(4) Economy in the use of supplies and utility services.

(5) Safety precautions and security measures.

(g) Maintain ward records and reports, inventory records, and such other records, reports, and forms as prescribed, in accordance with this manual and current instructions.[23]

It is by functioning in the dual managerial role that the Navy Nurse meets the objectives set forth by the Bureau of Medicine and Surgery, and thus, the Navy organization as a whole.

[23]Bureau of Medicine and Surgery. Manual of the Medical Department. Washington: Government Printing Office, 1952, Chapter 8, p. 8-13.

CHAPTER V

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APPENDIX I

U. S. NAVAL POSTGRADUATE SCHOOL
Student Mail Center Box 1972
Monterey, California

Dear Nurse Corps Officer:

As Nurse Corps Officers and students at the U. S. Naval Postgraduate School, we would appreciate your objective and forthright answers to this questionnaire regarding the managerial role of the Navy Nurse.

The data revealed will be used in compiling a research paper with the hopes that your assistance in this study will aid us in the identification of managerial problem areas most frequently encountered by the Navy Nurse. The information obtained will assist us to formulate recommendations for more effective management practices.

All data contained in this questionnaire will be regarded as Confidential and the questionnaire will be destroyed upon completion of this study.

Thank you for your kind cooperation. It is not necessary for you to sign the questionnaire.

Sincerely,

Dolores Troskoski
Lieutenant Commander, NC, USN

Joan S. Shaw
Lieutenant Commander, NC, USN

Questionnaire

1. AGE GROUP
   21-25_____
   26-30_____
   31-35_____
   36-40_____
   41-45_____
   45-50_____

   YEARS OF ACTIVE DUTY
   Under 2
   2-5_____
   6-10_____
   11-15_____
   16-20_____
   Over 20_____

2. Present Rank_____.

3. Describe your educational background:

   a. Type of basic nursing program:

   b. Postgraduate courses:

   c. Other:

4. Area of specialization:

---

1. Did you have any administrative or management courses as part of your nursing education program(s)? Yes____No____.

   If your answer to the above question is YES, please list courses:

2. Where did you receive your basic Navy Indoctrination?

   a. Indoctrination course at Naval Hospital_____

   b. Indoctrination at the Women Officers' School, Newport, R.I.

   _____

   Did your indoctrination include any classes pertaining to ward administration or ward management? Yes_____No_____.

   If your answer to the above is YES, do you feel these classes adequately prepared you for your adjustment to the managerial duties of the Navy Nurse? Yes_____No_____.

   Please explain your answer:

3. Regarding your first hospital orientation, was any time allocated to the explanation of the managerial responsibilities of the charge nurse? Yes_____No_____.

   If YES, what general areas were covered?

4. Concerning your first hospital ward assignment, were you:

   a. Assigned alone, with guidance of area supervisor Yes_____No_____.

      Was she available for consultation and assistance when you required same? Yes_____No_____.

      If NO, please comment:

   b. Assigned with guidance of a senior Nurse Corps officer who was in charge of the ward Yes_____No_____.

      Do you feel that you received adequate guidance and assistance in understanding management duties from the senior nurse? Yes_____No_____.

      If NO, please comment:

5. Do you feel that the In-service education programs of naval hospitals contribute to advancement of your knowledge of administrative and managerial responsibilities? Yes____No____.

   Please comment:

6. From your experience as a Nurse Corps officer, what do you feel are the problem areas in ward management?

7. In your opinion, what are the possible solutions to these problems?

8. Related to the purpose of this questionnaire, we would appreciate any additional comments you have to make concerning management practices as they apply to nursing in the Navy.

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Identification of problem areas associat
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